

**TREE TRIMMERS SUPPLEMENT APPLICATION**  
(Include Acord application)

Applicant's Name: \_\_\_\_\_ Location Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Is applicant properly licensed where required by law?    Yes    No                      License Number \_\_\_\_\_  
 Number of active owners/officers/partners: \_\_\_\_\_                      Number of Employees \_\_\_\_\_  
 Estimated annual:      Payroll (excl. owner) \_\_\_\_\_      Receipts \_\_\_\_\_      Subs Costs \_\_\_\_\_  
 Does applicant carry Workers' Compensation coverage on temporary employees?                      Yes    No  
 Does applicant lease employees from others?                      Yes    No  
 If yes, please provide payroll.                      \$ \_\_\_\_\_  
 Does applicant subcontract work to others?                      Yes    No  
 If yes, are certificates of insurance required?                      Yes    No  
 Do subcontractors name the applicant an additional insured?                      Yes    No

List subcontractor trades used with costs and percentage of operations					
Trade	Cost	%	Trade	Cost	%

List equipment owned or leased			
Type of Equipment	Owned or Leased	Type of Equipment	Owned or Leased

Please detail any "yes" answers to the following questions below.

Does the applicant perform any stump removal or grinding?                      Yes    No  
 If yes, explain process: \_\_\_\_\_  
 Does the applicant have a regular service schedule for all equipment?                      Yes    No  
 Does the applicant use any pesticides/herbicides not approved by the EPA?                      Yes    No  
 Does the applicant use any explosives?                      Yes    No  
 Does the applicant perform any logging or lumbering? \*                      Yes    No

\* If yes, include payroll and gross receipts

Does the applicant work on interstates?	Yes	No
Does the applicant pre-job surveys to locate wires?	Yes	No
Does the applicant work for any utilities?	Yes	No
If yes, please list: _____		

Details:

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**Attach a copy of applicant's standard contract.**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

Agent Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please select your underwriter from the dropdown: